

Notice of Privacy Practices

Koehler Counseling, LLC Taylor Koehler, LPC 8200 Beckett Park Dr Unit 111 West Chester, OH 45069, (513) 813-0654

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully and print for your records.

October 12th, 2023

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present and future physical and mental health or condition and related health care services is referred to as Protected Health Information PHI. This Notice of Privacy Practices describes how your PHI may be used and disclosed in accordance with applicable law and the Ohio Board of Counselors, Social Workers and Marriage and Family Therapists ethics. It also describes your rights regarding how you may gain access to and control your PHI. Koehler Counseling, LLC is required by law to maintain the privacy of PHI and to provide you with notice of legal duties and privacy practices with respect to PHI. Koehler Counseling, LLC is required to abide by the terms of this Notice of Privacy Practices. Koehler Counseling, LLC reserves the right to change the terms of the Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that is maintained at that time. Koehler Counseling, LLC is will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on the website, sending a copy to you by e-mail upon request or providing one to you at your next appointment.

USE AND DISCLOSE PROTECTED HEALTH INFORMATION FOR THE PURPOSE OF PROVIDING SERVICES

For Treatment Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisor or other treatment team members. Koehler Counseling, LLC will disclose PHI to any other consultant only with your authorization first.

For Payment Koehler Counseling, LLC may use and disclose PHI so that we can receive payment for the treatment services provided to you only if insurance is a method of payment for present, past or future payment. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.

Healthcare Operations Koehler Counseling, LLC may use and disclose your PHI for treatment team meetings with a supervisor, review of treatment procedures, certification and compliance and licensing activities.

Required by Law Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating and determining our compliance with the requirements of the Privacy Rule.

Without Authorization Applicable law and ethical standards permit Koehler Counseling, LLC to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are as follows: • Required by Law, such as the mandatory reporting of child abuse or neglect and or mandatory government agency audits or investigations. • Required by Court Order • Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission Koehler Counseling, LLC may use or disclose your information to family members that are directly involved in your treatment with your verbal permission. With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

YOUR RIGHTS REGARDING YOUR PHI You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to Koehler Counseling, LLC 8200 Beckett Park Dr Unit 111 West Chester, OH 45069. • Right of Access to Inspect and Copy. You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. • Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask Koehler Counseling, LLC to amend the information although Koehler Counseling, LLC is not required to agree to the amendment. • Right to an Accounting of Disclosures. You have the right to request an accounting of certain of the disclosures that we make of your PHI. • Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. Koehler Counseling, LLC is not required to agree to your request. • Right to Request Confidential Communication. You have the right to request that Koehler Counseling, LLC communicate with you about medical matters in a certain way or at a certain location. • Right to a Copy of this Notice. You have the right to a copy of this notice.

COMPLAINTS If you believe Koehler Counseling, LLC has violated your privacy rights, you have the right to file a complaint in writing to Koehler Counseling, LLC 8200 Beckett Park Dr Unit 111 West Chester, OH 45069 or by calling (513) 813-0654. Koehler Counseling, LLC will not retaliate against you for filing a complaint. If not satisfied, you have the right to complain to the U.S. Dept. of Health and Human Services

BY SIGNING AND DATING BELOW I AM AGREEING THAT I HAVE READ,
UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Print Name: _____

Sign Here: _____

Date: _____